NAVAL DIVING AND SALVAGE TRAINING CENTER STAFF TRAINING CRITIQUE DATE:

From:	
(Monitor)	-
To:	
(Training Petty Officer / Non-Commissioned Officer)	_
Type of Training: GMT OJT IST DIVER (Circle the appropriate training)	
Subj:	
1. Person Conducting Training:	
2. Brief of Material Covered:	
3. Monitor's Critique of Instruction:	

SIGNATURE / RANK / RATE Enclosure (1)

STAFF	TRAINING	TOPIC	DATE	

RATE	NAME (LAST, FIRST, MI)	SIGNATURE	